

PATIENT NUMBER:

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| FNC O.I.P.E. SCANNED <u>THO</u> Q.A. <u>CS</u> | PATENT DATE |
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| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS | | CLAIMS ALLOWED | |
| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims |
| <input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) _____ (Date) | | NOTICE OF ALLOWANCE MAILED | |
| | <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____ _____ | | ISSUE FEE | |
| Amount Due | | | Date Paid | |
| <input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed. | _____ (Primary Examiner) _____ (Date) | | ISSUE BATCH NUMBER | |
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